



EXCISE POLICE AND CONSERVATION OFFICERS' RETIREMENT PLAN
143 W MARKET ST
INDIANAPOLIS IN 46204
(317) 233-4146 OR 1-888-526-1687

APPLICATION FOR RETIREMENT BENEFITS
Excise Police and Conservation Officers'
Retirement Plan

According to the I.R.S Section 6041 (A) this state agency is required to obtain you Social Security number. This form cannot be processed without it.

INSTRUCTIONS: Please type or print and have notarized. If you have any questions or would like additional information about your benefits, please see <http://www.in.gov/perf> or contact 1-888-526-1687

Name (First, Middle, Last)		Phone Number	Date
Address (Number and Street)		(City and State)	
Social Security Number		Last Day at Work (Month, Day, Year)	Department Where Employed

Effective date of retirement benefits.

This date can be no earlier than the first day of the month following last day in pay status. _____
(Month, 01, Year)

If you have not previously furnished proof of age to the Fund, you must submit such documentation along with this application. Documents showing date of birth may be an original or photocopy of a birth certificate, a baptismal or confirmation certificate or a court decree. Attach English translation to any foreign document.

I, having been sworn, do, on my oath, depose and say: That I am the person who made the foregoing statements; that I have carefully read and completed all information on this form; that all completed information is full, complete and true, and no material fact has been concealed or omitted therefrom, and that said information are made for presentation to the Board of Trustees of the Public Employees' Retirement Fund of Indiana in making claim for a retirement benefit that may be payable to me, under Indiana Code 5-10-5.5 as amended.

Applicant's Signature

Date Signed

NOTARY PUBLIC CERTIFICATION

Subscribed and sworn to before me, a Notary Public this _____ day of _____, 20____

State Of	Signature of Notary
County Of	Printed Name of Notary
County Of Residence	Commission Expiration Date

BENEFICIARY INFORMATION

The normal retirement option for a member is a Joint and Survivor Option. At the time of your death, under this option, the survivor who you nominate below is entitled to receive 50% of your monthly benefit. You are permitted to nominate any one of the following: (1) your spouse, (2) your unmarried children under the age of eighteen, or (3) your parents. An unmarried child designated as beneficiary shall be entitled to draw a survivor benefit only until he or she marries or reaches the age of eighteen, whichever occurs first.

Name	Relationship
Social Security Number	Date of Birth (Please provide copy of birth certificate)

EMPLOYER CERTIFICATION

I hereby certify the following information for _____

- A. The last day in pay status was _____
B. Did the employer-employee relationship extend beyond the last day in pay status? Yes ___ No ___ (If yes, Please explain)

Signature of Authorized Agent

Title

Date

